

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/556910

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	/		/				
2		/		/			
3		/		/			
4		3		/			
5		3		/			
6		0		/			
7		0		/			
8		0		/			
9		0		/			
10		0		/			
11		0		/			
12		0		/			
13		0		/			
14		0		2			
15		0		2			
16		0		/			
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49							
50							
TOTAL IND.	/	↓	/	↓		↓	
TOTAL DEP.	31	←	31	←		←	
TOTAL CLAIMS	32		32				

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
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96							
97							
98							
99							
100							
TOTAL IND.					↓		↓
TOTAL DEP.					←		←
TOTAL CLAIMS							